

ISSUE SLIP START AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | NOR | | 09-05-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | X | 922 | 10-04-01 |
| RESPONSE FORMALITY REVIEW | 81 | 825 | 11/29/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy

10/14/01
 650-55533
 11/29/01